Research Updates
in kidney and urologic health

National Kidney and Urologic Diseases Information Clearinghouse

WINTER 2002–2003

National Institute of Diabetes and Digestive and Kidney Diseases

NATIONAL INSTITUTES OF HEALTH

NIDDK Offers Enhanced Training and Career Development Opportunities

Training and development of the next generation of biomedical and behavioral scientists are critical to the mission of the National Institutes of Health (NIH). The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) fully supports this mission. Approximately three-fourths of the Training and Careers Program of NIDDK's Division of Kidney, Urologic, and Hematologic Diseases (DKUHD) is directed toward the next generation of nephrologists, urologists, and basic scientists studying kidney and urologic disease mechanisms.

At NIDDK, the training portion of an individual's profession generally precedes the career development portion. Training is funded through the recently named Ruth L. Kirschstein National Research Service Award (NRSA). This congressionally mandated program, originally established in 1974, offers two awards. The first is the **Institutional Training Grant,** an award issued to an institution of higher education. The Program Director of the grant selects high caliber individuals to participate in a specifically designed curriculum of study and research into kidney and urologic diseases. Funds from the grant offset stipend and tuition costs. During Fiscal Year 2002, a total of 47 Institutional Training Grants were awarded. A list of the institutions and the names of the Program Directors may be viewed at *www.niddk.nih.gov/fund/training/T32table.htm#Kidney* and *www.niddk.nih.gov/fund/training/T32table.htm#Urology.*

TRAINING AND CAREER DEVELOPMENT, *continued on page 4*

Inside This Issue...

Review Group Issues Strategic Plan for Bladder Research

Bladder research is not addressing critical opportunities, according to the Bladder Research Progress Review Group (BRPRG), which was formed by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) of the National Institutes of Health (NIH) to examine the state of bladder research in the United States. From early 2000 to July 2001, members of the BRPRG held meetings

BLADDER RESEARCH, *continued on page 6*

U.S. Department of Health and Human Services

Kidney Disease and Hypertension in African Americans

ACE Inhibitor Protects Kidneys; Ultra-Low BP Provides No Added Benefit

The largest clinical trial ever conducted in African Americans with kidney disease has concluded that an antihypertensive drug from the angiotensin-converting enzyme (ACE) inhibitor drug class is superior to two drugs from two other classes for slowing kidney disease due to hypertension. The study also found that a very low blood pressure provides no additional benefit for the kidneys over the usual target blood pressure. Results appear in the November 20, 2002, issue of the *Journal of the American Medical Association.*

"We were surprised that the lower blood pressure level didn't have more of an effect on the kidney," said co-author Dr. Lawrence Agodoa, who specializes in kidney diseases at the National Institutes of Health. "But the good news is that we have a new tool—the ACE inhibitor—to improve the health of a large number of African Americans and others who have this type of kidney disease."

Study Design

The African American Study of Kidney Disease and Hypertension (AASK) treated 1,094 patients aged 18 to 70 years who had mild kidney disease of hypertension. Investigators compared a usual, or standard, blood pressure goal of 140/90 mm Hg in 554 patients against a lower goal of 125/75 mm Hg in 540 patients. They also compared drugs from three classes of antihypertensives: the ACE inhibitor ramipril (Altace), the dihydropyridine calcium channel blocker (CCB) amlodipine (Norvasc), and the beta blocker metoprolol (Toprol XL). Patients across 21 centers were followed for 3 to 6.4 years. The study ended September 2001.

Study Results

The ACE inhibitor reduced the risk of reaching the clinical end-points—kidney failure, death, or a 50-percent drop in kidney function—by 22 percent compared with the beta blocker, and by 38 percent compared with the CCB. Primary treatment with the CCB was stopped in September 2000 after data comparisons showed that the ACE inhibitor slowed kidney disease 36 percent more effectively than the CCB and provided 48 percent greater reduction in the risk of kidney failure and death in patients who had at least a gram of protein in the urine. Whereas 155 patients taking the beta blocker reached an end-point, only 126 taking the ACE inhibitor did. In the two blood pressure groups, roughly equal numbers reached an end-point: 167 in the usual-goal group and 173 in the low-goal group.

"The results of this trial will significantly improve the health of thousands of African Americans who suffer from kidney disease due to hypertension" said Dr. John Ruffin, director of the National Center on Minority Health and Health Disparities, which co-funded AASK. "The study also demonstrates the benefit of focusing research on populations most affected."

In the final analysis, even patients with low levels of urine protein benefited greatly from the ACE inhibitor and to a lesser degree from the beta blocker. Both drugs reduce protein in the urine, rising levels of which indicate worsening kidney disease, cause more damage, and predict death from heart disease and stroke. Within 6 months of starting AASK, patients on the CCB had a 58 percent *increase* in urine protein. In contrast, patients on the beta blocker had a 15 percent *decrease* and those taking the ACE inhibitor had a 20 percent *decrease.* The ACE inhibitor reduced the risk of developing high levels of urine protein (greater than 300 mg a day) by 55 percent, and the beta blocker reduced the risk by 35 percent.

Neither reaching the low blood pressure goal nor any of the drugs stopped the decline in glomerular filtration rate (GFR), which drops as kidney disease progresses. However, GFR dropped more

KIDNEY DISEASE AND HYPERTENSION, *continued on page 3*

Kidney Disease and Hypertension, *continued from page 2*

rapidly in patients who had higher levels of urine protein, regardless of treatment group. GFR declined by 1.35 mL/min per 1.73 m^2 in patients who started AASK with low levels of urine protein (300 mg a day or less) compared with a decline of 4.09 mL/min per 1.73 m^2 in patients with higher urine protein (greater than 300 mg a day).

AASK also showed that while high blood pressure may be more severe and therefore more difficult to control in African Americans, it can be improved. Only 20 percent of patients entered the study with blood pressure levels below the usual goal of 140/90 mm Hg. Within 14 months, nearly 79 percent of people in the low-goal group and nearly 42 percent in the usual-goal group had lowered their blood pressure to 140/90 mm Hg.

New Recommendations

Drugs compared in the study remain important for treating high blood pressure and helping reduce the risk of stroke and kidney and heart disease. The Joint National Committee (JNC) on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure now recommends that people with kidney disease, hypertension, and protein in the urine achieve and maintain blood pressure at or below 130/85 mm Hg.

"People who have kidney disease of hypertension and any protein in the urine should be given the benefit of an ACE inhibitor, unless the drug is contraindicated, along with a diuretic," said Agodoa, who sits on the JNC and heads the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) Office of Minority Health Research Coordination. "And anyone who also has heart disease or diabetes, as so many do, should try to reach the JNC goal of 130/85 mm Hg."

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Kidney failure is a major expense in the United States, costing patients, insurers, and the Federal Government nearly $20 billion in 2000. Hypertension is a leading cause, accounting for close to 25 percent (87,000) of the nearly 379,000 people treated for kidney failure in 2000. African Americans are six times more likely than whites to develop kidney failure from hypertension and account for 32 percent (122,000) of all treated patients.

AASK was funded by the NIDDK, the National Center on Minority Health and Health Disparities, and the National Center for Research Resources of the National Institutes of Health. Study drugs were provided by Pfizer Inc., AstraZeneca Pharmaceuticals, and King Pharmaceuticals Inc. ■

Training and Career Development, *continued from page 1*

The second award mechanism established by the NRSA legislation is the **Individual Fellowship Award.** These awards go to individuals who devote 40 hours a week to research training and agree to participate in full-time research for at least 2 years. Thus, the combination of institutional and individual awards provides a balanced strategy to ensure a continuing supply of well-trained scientists to conduct cutting-edge health-related research.

All trainees and fellows receiving Kirschstein–NRSAs are U.S. citizens or permanent residents. The service award carries a payback obligation during the first 12 months of postdoctoral support. This obligation may be fulfilled on a month-by-month basis by subsequent Kirschstein–NRSA training or by a variety of other health-related activities.

After training, a biomedical scientist may strive for independence in order to achieve individual research career goals. The **Career Development Program** (the K series of grant mechanisms) provides support for this transition phase. Four K awards are "mentored" awards. Candidates who display the potential to become independent investigators identify a mentor who is recognized as an accomplished investigator in the proposed research area and who has successfully trained independent investigators. The candidate and the mentor are jointly responsible for planning, directing, and executing the program on behalf of the applicant institution. Applications are competitively reviewed using seven criteria: resumé, description, candidate, career development plan, research plan, mentor, and environmental and institutional commitment.

The K01 award is meant for Ph.D.s pursuing basic research. Applicants who obtained an M.D. are eligible for either a K08, if they are pursuing basic research, or a K23, if they are pursuing patient-oriented research. The K25 is a mentored quantitative research career development award that assists individuals with an advanced degree in quantitative research (physics, mathematics, chemistry, and so on) who wish to apply their training to biomedical sciences. Last year, 99 such K awards were issued for kidney and urology researchers, 18 of which were new awards. More than 50 percent of applications were funded.

More details about research career development from the NIDDK may be found at *www.niddk.nih.gov/fund/training/training.htm#Career.* For information about training and careers in general, see *www.niddk.nih.gov/fund/training/training.htm.*

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The NIH initiated the **Extramural Loan Repayment Program** (ELRP) in 2001 to ease the debt burden scientists often incur while attending graduate or medical school and a residency program. The NIDDK supports loan repayment programs for both clinical research and pediatric research. Competitive applicants must demonstrate their commitment to a research career and have a debt-to-salary ratio of at least 20 percent. The ELRP repays up to $35,000 a year toward each participant's outstanding eligible educational loan debt, depending on the repayable total. The eligibility criteria have been broadened to include not only NIH grantees but also investigators funded by private or government sources outside NIH. Last year, the NIDDK accepted 87 percent of loan repayment applications; 55 percent of the awardees were in clinical research and 45 percent were in pediatric research. For more details about eligibility and to apply online, visit *www.lrp.nih.gov.* ■

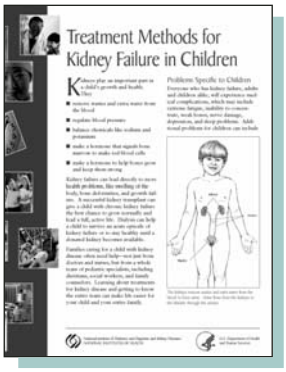
New Publications From NKUDIC

The National Kidney and Urologic Diseases Information Clearinghouse (NKUDIC) will release a series of new publications on kidney disease in children in spring 2003. Written for parents, the series will include general fact sheets on the causes of and treatment methods for kidney failure as well as fact sheets that focus on specific complications such as growth failure and on psychosocial problems. Members of the American Society of Pediatric Nephrology provided scientific and editorial review for each publication.

Overview of Kidney Disease in Children

This fact sheet describes the major causes of kidney disease and kidney failure in children. It lists the risk factors for kidney disease and explains the difference between acute kidney disease and chronic kidney disease. The overview also introduces specific conditions such as hemolytic uremic syndrome, nephrotic syndrome, birth anomalies, urinary obstruction, hereditary diseases, and glomerular diseases.

Treatment Methods for Kidney Failure in Children



Treatment options for kidney failure are transplantation, peritoneal dialysis, and hemodialysis. While these are the same options available to adults, the priorities for treating children are different. Transplantation provides the best opportunity for a child to grow and develop normally. Peritoneal dialysis and hemodialysis can keep a child healthy until a donated kidney becomes available.

Childhood Nephrotic Syndrome

This fact sheet describes the symptoms of and treatments for nephrotic syndrome in children. It includes a discussion of minimal change disease and steroid-resistant nephrotic syndrome.

Hemolytic Uremic Syndrome

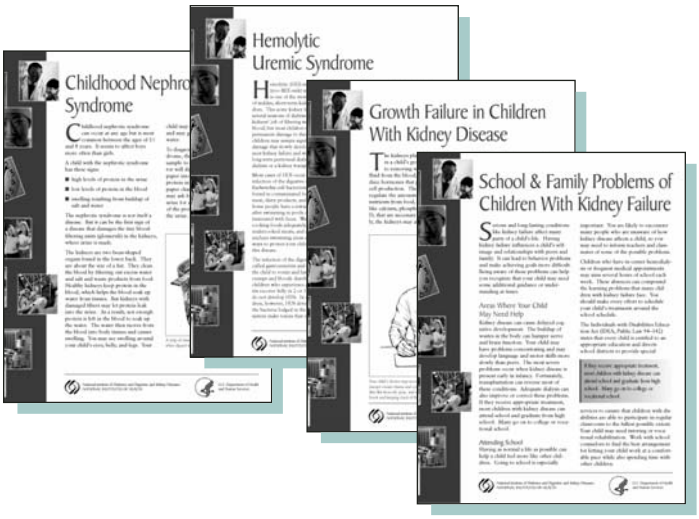
Hemolytic uremic syndrome is the most common cause of acute renal failure in children. This fact sheet explains how the condition develops after *E. coli* infection in the digestive tract and describes the treatments available.

Growth Failure in Children With Kidney Disease

Kidney disease can interrupt a child's physical development and prevent the child from reaching full adult stature. Bones are especially vulnerable to the effects of kidney disease. This fact sheet explains the problems that can be caused by kidney disease and describes the therapies available to minimize those problems.

School and Family Problems of Children With Kidney Disease

Psychosocial problems can accompany kidney disease, including issues of fitting in at school, financial demands of treatment, and family stresses that can result. This fact sheet describes these problems and the role of the social worker and other members of the health care team who are available to help families handle them. ■



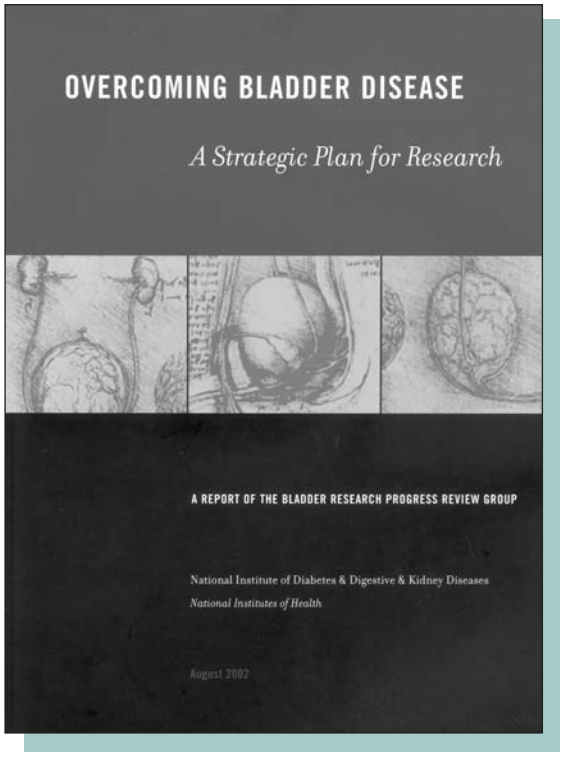
Bladder Research, *continued from page 1*

to intensively examine all areas of bladder-related problems and to develop a strategic bladder research plan. This plan, titled *Overcoming Bladder Disease: A Strategic Plan for Research,* was released in August 2002.

The BRPRG reviewed current funding for bladder research and concluded that clinical research in this area lags behind many other disease areas because of inadequate funding. The research plan calls for increased financial support to strengthen the national bladder research effort. BRPRG's recommendations for meeting infrastructure and resource needs include increasing the investigator workforce by training new investigators and attracting established investigators into the field, creating new bladder multidisciplinary research and training programs, and supporting data and tissue banks for bladder research.

The plan also includes recommendations for research into basic science areas, including bladder epithelium, connective tissue, muscle, nerves, and blood vessels. The recommendations also cover genitourinary tract problems in children, maturation and aging, bladder outlet obstruction, interstitial cystitis, urinary tract infection, diabetic bladder, urinary incontinence, and bladder cancer.

The plan establishes additional priorities for developing new technology-driven research techniques, such as stem cell therapy and tissue engineering, and for conducting studies that include epidemiology, outcomes evaluation, prevention, and bioethics.



To obtain a free copy of *Overcoming Bladder Disease* (Pub. # KU–177), use the order form on page 15, or call the National Kidney and Urologic Diseases Information Clearinghouse at 1–800–891–5390. The plan can also be viewed at *www.niddk.nih.gov/fund/other/brprg_book.pdf* on the Internet. ■

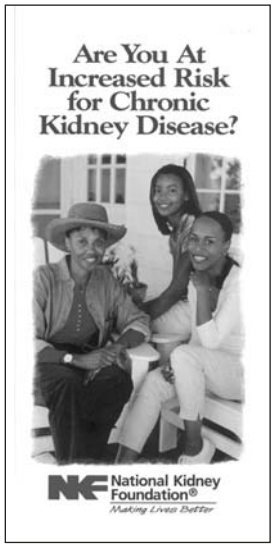
New in CHID

CHID online

Each quarter, the National Kidney and Urologic Diseases Information Clearinghouse adds about 150 items to the kidney and urologic diseases (KU) subfile of the Combined Health Information Database (CHID). This database contains abstracts and ordering information for professional resources and patient education materials—such as books, pamphlets, videos, journal articles, and manuals—dealing with a variety of kidney and urologic topics. *CHID Online* can be accessed at *http://chid.nih.gov* on the Internet. Among recent additions to the KU subfile are these materials on chronic kidney disease.

Are You at Increased Risk for Chronic Kidney Disease?

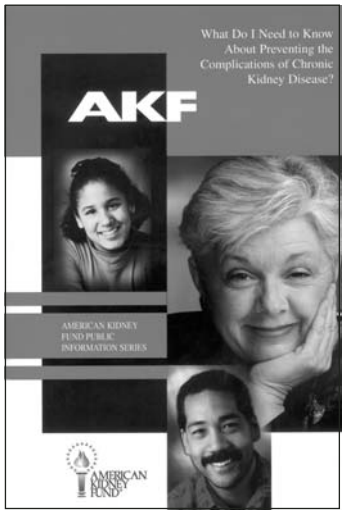
This brochure from the National Kidney Foundation warns that 20 million Americans have chronic kidney disease, and most don't know they have it.



The brochure identifies the risk factors for kidney disease—diabetes, high blood pressure, family history, older age, ethnic group—and urges people with these risks to be tested for proteinuria and elevated serum creatinine and to have their blood pressure checked. The brochure then explains additional tests that may be performed, the stages of kidney disease, and treatments to slow the progress of kidney disease and avoid complications.

Are You at Increased Risk for Chronic Kidney Disease is available from the National Kidney Foundation, 30 East 33rd Street, New York, NY 10016. Phone: 1–800–622–9020. Website: *www.kidney.org.*

What Do I Need to Know About Preventing the Complications of Chronic Kidney Disease?



The American Kidney Fund has produced this new brochure to help patients with chronic kidney disease prevent the complications of anemia, high blood pressure, vitamin and mineral deficiencies, acidosis, and bone disease. The brochure encourages patients to work with all the members of their health care team to delay the progression of kidney disease and to minimize the associated problems.

Single copies of *What Do I Need to Know About Preventing the Complications of Chronic Kidney Disease* are available free of charge. Orders of two or more cost $0.35 per copy. The brochure is available from the American Kidney Fund, 6110 Executive Boulevard, Suite 1010, Rockville, MD 20852. Phone: 1–800–638–8299. Website: *www.akfinc.org.*

New DKUHD Programs for 2003

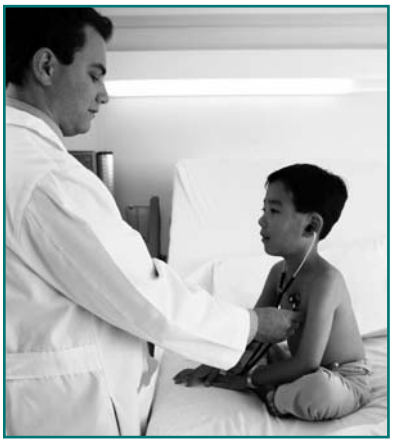
Through its Division of Kidney, Urologic, and Hematologic Diseases (DKUHD), the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) provides leadership for a national research program in kidney and urologic diseases. Each year, DKUHD works with NIDDK's Advisory Council—representing a broad range of non-Federal scientific, educational, and medical institutions—to plan and develop a set of program initiatives designed to yield fundamental, innovative, and valuable contributions to human health. The following 2003 DKUHD initiatives demonstrate the division's commitment to maintaining the recent progress in understanding the biological processes that result in kidney and urologic diseases. The initiatives also demonstrate a continuing commitment to clinical research and epidemiology.

Prospective Study of Chronic Kidney Disease in Children

The NIDDK has issued a request for applications (RFA) for a Coordinating Center to design and implement an epidemiological study of the longitudinal aspects of pediatric kidney disease. Although an RFA was issued recently to study chronic renal insufficiency in adults, DKUHD is now planning a separate study in the pediatric population because some issues in children differ substantively from those in adults. Numerous metabolic derangements occur in chronic kidney disease (CKD) and have significant effects on the overall well-being of affected children. Some negative effects of pediatric renal disease, such as growth impairment, are well documented and well studied. Many other impairments, however, have a marked paucity of information on both the etiology and the magnitude of the specific problems—for example, the incidence and risk of cardiovascular disease, and the incidence of and risk factors for impaired neurocognitive development.

The primary goals of the epidemiological study in children with mildly to moderately reduced renal function are to prospectively define factors that affect the well-being of these children and to delineate the disease progression. Some specific goals are to determine

- risk factors for accelerated decline in renal function
- incidence of and risk factors for impaired neurocognitive development and function
- long-term implications of growth failure and its treatment
- incidence of and risk factors for cardiovascular disease



The Coordinating Center investigators will develop testable hypotheses for the study to address. The study outcomes will aid in setting future research policy for the Institute and drive future interventional research by evaluating the magnitude of specific problems affecting children with CKD.

The deadline for applications is February 21, 2003. The RFA is available at *http://grants.nih.gov/grants/guide/rfa-files/RFA-DK-03-012.html* on the NIH website.

DKUHD Programs, *continued on page 9*

DKUHD Programs, *continued from page 8*

Basic Research in Interstitial Cystitis

DKUHD has issued an RFA to attract new and established investigators from related research areas to apply their knowledge to the study of interstitial cystitis (IC). Such related areas are inflammation, epithelial biology, cellular biology, molecular genetics, neuropathology and neurophysiology, the biology and physiology of pain, diagnostic radiology and nuclear medicine, genomics, proteomics, the development of genetic animal models, autoimmunity, and so on. Productive research collaboration among investigators with diverse scientific backgrounds is another relevant aim of this RFA, which is a part of NIDDK's commitment to encourage and support innovative, high-quality basic and translational studies that will provide insights into this chronic, painful, and disabling disorder.

Research areas of special interest include

- Etiology and pathogenesis of IC. Critical areas for basic IC research are the identification of the causes and the factors that influence the course of the disease. Examples of relevant topics include bladder permeability and immunologic and neurogenic factors related to cause and progression of IC. Studies in these areas, as well as new and novel areas of IC cause and pathology, are especially encouraged.
- Disease markers and molecular biology of IC. Identification of molecular markers for IC is a critical area of basic research. Finding disease markers in blood and urine is encouraged, although studies of markers from biopsy samples are also appropriate. These studies may involve a variety of molecular methodologies such as microarray and mass-spectroscopy assessment of gene expression and identification of protein type and levels. Markers that can be used in sensitive, specific tests for IC may be valuable for accurate diagnosis and even early prediction of disease. Studies that further describe already reported markers, as well as identify new ones, are encouraged.
- Neurological aspects of IC. Studies that investigate the neural properties of relevant cell types, such as bladder urothelium, and how these properties are altered in IC are encouraged. Studies of bladder afferent neurons would also be significant. Other strongly encouraged areas of study include analysis of relevant neurologic cells/tissues and bladder innervation through molecular and imaging strategies, neurophysiology and neuropathology studies, and factors that influence pelvic pain pathways. Investigations in these areas should provide insight into many particularly debilitating IC symptoms such as urgency, pain associated with bladder filling and urination, and generalized pelvic pain.
- Genetics of IC susceptibility, causality, and disease progression. Evidence suggests a possible genetic basis for IC susceptibility. Studies of existing cohorts of twins are especially encouraged.
- The application of established and innovative diagnostic and imaging techniques to the study of IC. One example would be developing and using radiological and nuclear medicine techniques to diagnose IC by visualizing the affected urinary bladder.

The deadline for applications is February 21, 2003. The RFA is available at *http://grants1.nih.gov/grants/guide/rfa-files/RFA-DK-03-010.html* on the NIH website.

DKUHD Programs, *continued on page 10*

DKUHD Programs, *continued from page 9*

NIDDK/VA Cooperative Study in Acute Renal Failure

NIDDK and the Department of Veterans Affairs (VA) are planning a multicenter, prospective, randomized, parallel-group trial of two strategies for managing renal support in critically ill acute renal failure (ARF) patients. The primary hypothesis is that intensive renal support decreases mortality in critically ill ARF patients compared with conventional management of renal replacement therapy. Secondary hypotheses are that intensive renal support will shorten the duration of ARF in critically ill patients with acute renal failure and decrease the incidence and duration of non-renal complications compared with conventional management. The projected enrollment is 1,164 patients. The study will be conducted at approximately 25 VA Medical Centers (8 to 10 patients a year from each center) and 7 to 8 NIDDK-funded university medical center sites (28 to 30 patients a year from each center).

Patients will be randomized to receive either intensive renal support or conventional management of renal replacement therapy for their ARF. In both arms of the study, dialysis will be initiated using the same criteria. In the intensive therapy arm, renal support will be intermittent hemodialysis six times a week, compared with three times a week in the conventional therapy arm. In both arms, hemodynamically unstable patients will receive continuous venovenous hemodiafiltration or sustained, low-efficiency dialysis (SLED), with different target doses or schedules for the intensive and standard therapy arms. Protocol therapy will be continued until renal function recovers or until day 28. Patients who remain dialysis dependent when they are ready to be discharged from acute care or after day 28, whichever comes first, will be taken off protocol treatment and prescribed further dialysis at the discretion of their treating physician. The primary study end-point will be 60-day all-cause mortality. Secondary end-points will include all-cause hospital mortality, 1-year all-cause mortality, and recovery of renal function. Recruitment for the study is scheduled to begin in the summer of 2003. ■

NIDDK Takes Cost-Effective Approach to Clinical Trials in Kidney Disease: Renal Clinical Trials Consortium

In FY 2003, the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) established the Renal Clinical Trials Consortium (RCTC) in response to recommendations developed by a strategic planning group convened in March 2002. The group, an outgrowth of two renal research retreats held by the Council of American Kidney Societies (CAKS), urged the NIDDK to form a cooperative, multicenter consortium that would improve clinical trials, increase the number of trials, and cut research costs.

The main goals of the RCTC are threefold:

- Encourage the full and effective use of resources from NIDDK-supported clinical trials and epidemiological studies in kidney disease
- Increase the number of investigator-initiated clinical studies, including small-scale, interventional studies; observational studies; and feasibility studies for potential, large-scale interventional trials
- Improve the cost-effectiveness of both investigator-initiated and institute-initiated, multi-site studies

The RCTC Steering Committee has been formed and has an 18-month term.

In February 2003, the first meeting of the consortium brought together clinical investigators currently funded by the KUH and other interested investigators. The meeting included a complete inventory of existing clinical studies and short presentations by investigators involved in many of those studies. Participants also discussed present and future repositories and policies for accessing data and samples. Subject area work groups met to discuss research priorities in the areas of chronic kidney disease progression, glomerulonephritis, care of the end-stage renal disease patient, kidney disease in childhood, and acute renal failure. The Steering Committee will oversee a process to provide planning assistance in the development of grant proposals for these topics.

Subsequent meetings of the consortium will be held twice a year.

RCTC Steering Committee
Co-chairs
John Stokes, University of Iowa
John Sedor, Case Western Reserve University

Members
Norman Siegel, Yale University
Harold Feldman, University of Pennsylvania
Glenn Chertow, University of California, San Francisco
Bruce Molitoris, Indiana University-Purdue University Indianapolis
Edmund Lewis, Rush Medical College/Rush Presbyterian-St. Luke's Medical Center
Patrick Parfrey, Memorial University of Newfoundland, Canada
Laura Dember, Boston University School of Medicine
Andrew Levey, Tufts New England Medical Center
Robert Schrier, University of Colorado Health Science Center
Craig Tisher, University of Florida
Ronald Falk, University of North Carolina. ■

Upcoming Conferences and Workshops

Workshop on Cardiovascular Disease in Chronic Kidney Disease: Options for Intervention

Organizer: Dr. John Kusek
kusekj@ep.niddk.nih.gov
Date: March 10–11, 2003

The burden of cardiovascular disease (CVD) among patients with kidney failure is substantial. For example, across most of the age spectrum the rate of cardiovascular mortality in patients treated by dialysis ranges from 10 to 100 times that in the general U.S. population. This, combined with the increasing prevalence of kidney failure, has resulted in CVD becoming a major medical concern. To address the shortcomings of available interventions and to reduce the burden of CVD in these patients, the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) and the National Heart, Lung, and Blood Institute are sponsoring this 2-day workshop.

The major goal of the workshop is to design and prioritize possible interventions to be evaluated in randomized clinical trials both in patients with kidney failure and earlier stages of chronic kidney disease, including kidney transplant recipients, and in those with diabetic kidney disease and non-diabetic kidney disease. The need for epidemiological studies to better identify risk factors will also be considered. Break-out sessions are designed to obtain broad input on study designs for clinical trials. Workshop participants will prioritize their ideas. To put these proposals into context, recent clinical trials will be critically evaluated by internationally recognized scientists, and the latest information concerning ongoing studies will be presented. Highlights of the workshop will be state-of-the art lectures on the burden of cardiovascular disease in chronic kidney disease, atherosclerosis, and cardiomyopathy.

Registration information is available at *www.niddk.nih.gov/fund/other/cardio/index.htm* on the NIDDK website.

Research Insights Into Interstitial Cystitis: A Basic and Clinical Science Symposium

Organizer: Iain Mackenzie, the Hill Group
imackenzie@thehillgroup.com
Date: October 30–November 1, 2003

NIDDK and the Interstitial Cystitis Association (ICA) are sponsoring this scientific meeting in the Washington, DC, area. Scientific topics include bladder urothelium, developmental biology of the bladder, epidemiology and genetics, visceral pain, bladder neurophysiology, clinical studies, urinary markers, and more. The meeting will include invited state-of-the-art lectures, podium presentations, panel discussions, and poster sessions. Additional information can be found on the NIDDK website at *www.niddk.nih.gov/fund/other/conferences.htm.*

Trans-NIH Workshop on Recruitment of Minority and Disadvantaged Populations Into Clinical Research Studies

Organizers: Dr. John Kusek and Dr. Lawrence Agodoa
kusekj@extra.niddk.nih.gov
Date: 2003

This 2-day workshop will assess the current state of knowledge about the best techniques for recruiting minority and disadvantaged populations into clinical research studies. It will also identify areas for future research. Of particular importance will be delineating a research agenda using

CONFERENCES AND WORKSHOPS, *continued on page 13*

PKD Foundation Seeks Nominations for Kaplan Research Prize

In 2003, the PKD Foundation will award a $50,000 prize to a scientist who has increased the understanding and improved the treatment of polycystic kidney disease (PKD) through basic or clinical research. The Lillian Jean Kaplan International Prize for Advancement in Understanding of Polycystic Kidney Disease was funded by Thomas Kaplan as a memorial to his mother, who died from complications of PKD.

A joint advisory committee representing the International Society of Nephrology (ISN) and the PKD Foundation will review nominations and choose the recipients for the biannual prize. Residents of any country are eligible without restrictions on gender, race, religion, creed, or nationality. The first prize will be awarded jointly by the ISN and the PKD Foundation at the ISN's 2003 World Congress of Nephrology in Berlin, June 8–12.

Nomination letters should describe the key role of the nominee(s) in a biomedical advance relevant to PKD and be accompanied by full curriculum vitae, complete mailing address, and at least two supporting letters that detail the major discovery or sustained advance. The letters should clearly articulate why this advance distinguishes the nominee's work from that of others in the same scientific area. If two persons are nominated jointly, the reasons why the prize should be shared must be clearly delineated.

The nomination deadline for the first award is February 1, 2003, and a formal announcement of the awardee will be made by ISN and the PKD Foundation 2 to 3 months prior to the ISN Congress. Nominations should be sent to

Nathan W. Levin, M.D.
Advisory Committee Chair
Renal Research Institute
207 East 94th Street
New York, NY 10128 ■

Conferences and Workshops, *continued from page 12*

ongoing or soon-to-be implemented clinical trials and other clinical research studies. Completed and ongoing clinical research studies, including randomized clinical trials, will be examined for information on recruitment rates, techniques producing a large number of participants, and barriers to participation. The studies examined will represent a wide range of diseases, include different ethnic and racial populations, and encompass groups that may be considered to have a major barrier to enrollment. Participants will discuss selected topics in breakout sessions and, on the final day, will review the research agenda. ■

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KU–133 Diabetes Insipidus
KU–99 Erectile Dysfunction
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KU–135 Glomerular Diseases
KU–148 Hemodialysis Dose and Adequacy
KU–157 High Blood Pressure and Kidney Disease
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KU–04 Kidney Stones in Adults
KU–164 Medical Tests for Prostate Problems
KU–149 Peritoneal Dialysis Dose and Adequacy
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KU–105 Polycystic Kidney Disease
KU–22 Prostate Enlargement: Benign Prostatic Hyperplasia (BPH)
KU–118 Proteinuria
KU–150 Renal Osteodystrophy
KU–87 Renal Tubular Acidosis
KU–119 Urinary Incontinence in Children
KU–121 Urinary Incontinence in Women
KU–03 Urinary Tract Infection in Adults
KU–120 Urinary Tract Infections in Children
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KU–140 Vascular Access for Hemodialysis
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KU–151 Kidney Failure Glossary
KU–111 Menopause and Bladder Control
KU–112 Pregnancy, Childbirth, and Bladder Control
KU–142 Prevent Diabetes Problems: Keep Your Kidneys Healthy
KU–113 Talking to Your Health Care Team About Bladder Control

Treatment Methods for Kidney Failure:

KU–152 Hemodialysis
KU–153 Peritoneal Dialysis
KU–154 Transplantation

KU–139 The Urologic Diseases Dictionary
KU–127 What Are Kidney Stones?

What I need to know about

KU–167 Prostate Problems
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BCW–C Bladder Control for Women Patient Kit (Additional kits, $5 each. See page 27 for details.)
BCW–P Bladder Control for Women Professional Kit (Additional kits, $5 each. See page 27 for details.)
KU–210 Treatment Methods for Kidney Failure Series Boxed Set (Additional boxed sets, $10 each. See page 27 for details.)

Spanish Materials

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KU–129 Erectile Dysfunction (Packages of 25, $5 each.)
KU–158 Exercising Your Pelvic Muscles
KU–169 High Blood Pressure and Kidney Disease
KU–170 Kidney Disease of Diabetes (Packages of 25, $5 each.)
KU–54 Kidney Failure: Choosing a Treatment That's Right for You
KU–159 Menopause and Bladder Control
KU–160 Pregnancy, Childbirth, and Bladder Control
KU–174 Prevent Diabetes Problems: Keep Your Kidneys Healthy
KU–130 Talking to Your Health Care Team About Bladder Control
KU–163 What I need to know about Kidney Stones
KU–161 Your Body's Design for Bladder Control
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KUI–22 Kidney and Urologic Diseases Statistics for the United States. (Single printed copies free to those without Internet access.)
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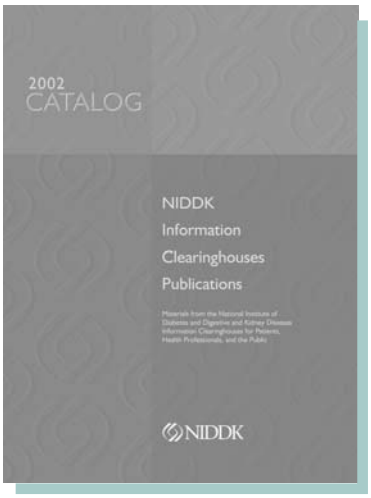

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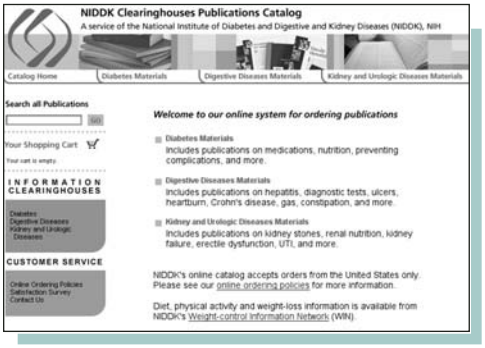

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